

County: Marshall
 Permit #: _____
 Driller: _____
 Date drilling completed: 9/6/06

State Well Report
Part 1 - Driller's Log
 Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 10631
 Jackson, MS 39289-0631
 (601)961-5210
 (601)354-6938 (fax)

For Office Use Only:
 Aquifer: _____
 Well #: Q-32
 L. S. Elevation: _____
 R-log #: _____

State Law requires that this report be prepared by the license holder responsible for the work and filed with the Department at the above address within 30 days of completion of drilling of the well or borehole.

Information on Well Owner (Landowner if borehole is not for a water well) Owner Name: <u>Pauline Scobee</u> Mailing Address: <u>1999 Old Hwy 7</u> <u>Holly Springs, MS 38635</u> City State Zip Code Telephone No. () _____		Well or Borehole Location Latitude: <u>34-41-10</u> Longitude: <u>89-37-46</u> Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS <u>SW</u> <u>SE</u> 1/4 Sec. <u>36</u> Twn <u>4S</u> Rng <u>3W</u> Distance <u>4</u> Miles Direction <u>S</u> of Nearest Town <u>Holly Springs</u>	
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Well / Borehole Data
 Date drilling started: 9/6/06 Date drilling completed: 9/6/06 Hole depth: 250 Hole diameter: 4
 Location of the source of any surface water used for drilling: none
 Method of dosing and volume of Chlorine used in drilling and development: none
 Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: _____
 Name of organization running log(s): _____
 Purpose of borehole (check one): Water Well Geotechnical/Geological Investigation _____ Ground Source Heat Pump _____
 Seismic Survey _____ Other (describe) _____
If drilling is not related to water well construction, skip the remainder of this block

Purpose of Well (check one): Home Industrial _____ Public Supply _____ Irrigation _____ Fish Culture _____ Other: _____
 If a flowing well, method of flow regulation: Valve _____ Other (describe) _____
 Static Water Level: 132 feet above or below (circle one) land surface Date measured: 9/8/06
 Method of Measurement (circle one) steel tape electric tape air line other: PVC Pipe
 Well depth: 250 Well grouted to a depth of 10 feet Type of grout (circle one): Neat Cement Chertomite Mix
 Casing length: 240 feet Casing diameter: 4" inches Type of casing: PVC
 Screen length: 10' feet Screen diameter: 4" inches Type of screen: PVC
 Screen slot size: 013 inches Setting depth: From 240 feet to 250 feet
 Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development
 (Other (describe): _____)

Top of lap pipe or reduction in casing: _____ feet. *If telescoped or more than one screen, describe on next page*

Form: OLWR-SWR-1A

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STATE WELL REPORT

Part 2

Pump Installer's Completion Report
 Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 10631
 Jackson, MS 39289-0631
 (601)961-5219
 (601)354-6938 (fax)

County: _____
 Permit #: _____
 District: _____
 Date completed: _____
Copy information from blank on Part 1

For Office Use Only:
 Aquifer: _____
 Well #: Q-52
 Elevation: _____

This part of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part 1 of the report must be attached and both parts filed with the Department at the above address within 30 days of well completion.

Well Owner Information
 Owner Name: Pauline Sealer
 Mailing Address: 1999 Old Hwy 7
Holly Springs, MS 38635
 City State Zip Code
 Telephone No. _____

Well Location
 Latitude: _____ Longitude: _____
 Method of Lat/Long (check one): Conventional Survey _____
 USGS quad _____ Hand-held GPS _____ Survey-grade GPS _____
 _____ N _____ S _____ E _____ W
 Distance Direction Nearest Town
4 Miles S of Holly Springs

Pump Type
 Circle one
 Air Lift _____ Jet _____ Submersible
 Bucket _____ Piston _____ Turbine _____
 Centrifugal _____ Rotary _____ Flowing Well _____
 Other (specify): _____
 Date Pump Installed: 9/8/06
 Rated Pump Capacity: 12 Gallons Per Minute

Power Type
 Circle one
 Diesel Engine _____ Gasoline Engine _____ Natural Gas _____
Electric Motor _____ Hand _____ Tractor PTO _____
 Windmill _____ Other (specify): _____
 Horse Power Rating of Motor: 3/4 hp
 Setting Depth: 160 feet
 Number of Stages: 12

Pump Test Data
 Date Well Tested: 9/8/06
 Static Water Level (A): 132 Feet Below Land Surface
 Pumping Water Level (B): 160 Feet Below Land Surface
 Drawdown [(B) - (A)]: _____ Feet Below Land Surface
 Test Pumping Rate: 12 Gallons Per Minute
 Duration of Pump Test (minimum 4 hours): _____ hours

Method of Measuring Water Level
 Circle one
 Air Line _____ Electric Measuring Line _____ Steel Tape _____
 Other (specify): PVC Pipe
 For flowing well, measured shut in head: _____ feet
 Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.
 Print Name of Pump Installer and License No. (if applicable) _____
 Signature of Pump Installer: Bernard Frost

Form: OLWR-SWR-1B

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